

Specialty Course Instructor Application

To become a Specialty Course Instructor the applicant must meet the requirements approved by the Michigan Fire Fighters Training Council (MFFTC). *(Such requirements include but are not limited to training, experience and education relating to the course under consideration. Individuals qualifying to instruct a Specialty Course are limited to instructing the specific course(s) for which they are approved by Council.)*

APPLICANT INFORMATION:

Social Sec. No.* - -	Driver Lie. No.	D.O.B.
Last Name	First Name	M.I.
Address (No P.O. Boxes - UPS will not deliver)		County of Residence
City	State	Zip
Home Phone ()	Bus.Phone ()	Fax No. ()
Pager No. ()	E-Mail	
Fire Dept./Station Name		FDID

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

PREREQUISITES:

I am a full-time employee of. (check one)	<input type="checkbox"/> Department of Natural Resources	<input type="checkbox"/> MSP/Motor Carrier Division
	<input type="checkbox"/> MSP/Fire Marshal Division	<input type="checkbox"/> U.S./Forest Service
I have completed the MFFTC, 4.5 hour Instructor Orientation course: (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT'S SIGNATURE:

I certify that the information provided is true and accurate to the best of my knowledge. If granted instructor status, I will comply with all applicable MFFTC instructor policies and procedures.	
Applicant's Signature	Date

AUTHORIZED AGENCY REPRESENTATIVE:

Check course(s) applicant is qualified to instruct:		
<input type="checkbox"/> Cargo Tank Training	<input type="checkbox"/> Detection of Arson and Suspicious Fires	
<input type="checkbox"/> Wildland Fire, 6 hours	<input type="checkbox"/> Wildland Fire Behavior, S- 1 90, 6 hours	
<input type="checkbox"/> Wildland Fire Fighter, S-130, 18.25 hours	<input type="checkbox"/> Wildland-Urban Interface, S-205, 24 hours	
I certify that the above applicant is a full-time employee; has completed instructor training; and is qualified to instruct the course(s) checked above.		
Authorized Agency Representative Name Printed:	Agency	Phone No. ()
Authorized Agency Representative Signature		Date

Please submit this application to the appropriate MFFTC Region Supervisor as indicated on the back of this form. Applications must be received no less than 30 days prior to the MFFTC meeting at which approval is requested.